



**TEXAS DEPARTMENT OF STATE HEALTH SERVICES
TEXAS MAMMOGRAPHY PROGRAMS**

P.O. Box 149347
Austin, Texas 78714-9347

INDIVIDUAL'S NAME: _____ FACILITY MAMMOGRAPHY CERTIFICATION #: **M** _____

Mammography Radiologic Technologist Qualification Worksheet

Submit required supporting documentation.

- *For new individuals –submit all requested documentation.*
- *For accreditation renewals – submit current license and continuing experience and education documentation.*

LICENSURE

____ Texas MRT License
(Copy of current license)

INTERIM

(Initial Qualification met before 04/28/1999)

NEED (1) OF THE FOLLOWING:

____ 40 hours of mammography training
(Attestation allowed prior to 10/01/1994)

____ **ARRT (M)**
(ARRT verification or copy of ARRT certificate)

____ Mammography certification
(Copy of CA, NV, or AZ card)

____ Completion of prior FDA accepted courses
(See MQSA Guidance for list)

FINAL

(Initial Qualification met after 04/28/1999)

NEED ALL OF THE FOLLOWING:

____ 40 hours of mammography training
Copy of certificate, confirming letter or
documentation from in-house training.

____ 25 supervised mammograms
(Submit log of patient exams performed. Do
not include patient names.)

*Note: If an individual qualified between 04/28/1999 through 01/01/2001,
the above documentation must be submitted. A copy of the
individual's ARRT mammography certificate may be used for the
initial qualifications, if issued after 01/01/2001.*

CONTINUING EXPERIENCE/EDUCATION QUALIFICATIONS

____ 200 mammograms performed in the prior 24 months
(Due 24 months after qualifying date)

____ 15 Breast specific CEUs in the prior 36 months
(Due months after qualifying date)

For State of Texas use:

INITIAL QUALIFICATION START DATE _____
(10/01/1994 or date initial qualification was completed)

ADDITIONAL MODALITY TRAINING DATE(S) _____
(8 hours initial training in each additional mammographic modality)

☐ FSM ☐ DM ☐ DBT

STX Approval _____